

EMPLOYEE PERFORMANCE REVIEW

Employee Name	Employee ID	Date
Job Title	Department	
Manager	Review Period	

RATINGS

Job Knowledge	Poor	Fair	Satisfactory	Good	Excellent
Comments:	_____				
Work Quality	Poor	Fair	Satisfactory	Good	Excellent
Comments:	_____				
Attendance	Poor	Fair	Satisfactory	Good	Excellent
Comments:	_____				
Initiative	Poor	Fair	Satisfactory	Good	Excellent
Comments:	_____				
Communication Skills	Poor	Fair	Satisfactory	Good	Excellent
Comments:	_____				
Dependability	Poor	Fair	Satisfactory	Good	Excellent
Comments:	_____				
Overall Rating	Poor	Fair	Satisfactory	Good	Excellent
Comments:	_____				

EVALUATION

Goals for next review period
Additional Comments

By signing this form you are confirming that you were given this review and it has been discussed with your supervisor. It does not necessarily mean that you agree or disagree with this evaluation.

Signature _____ Date _____